



# MARICOPA COUNTY

## EFT VENDOR EXPRESS PAYMENT ENROLLMENT FORM

This form is used for Electronic Funds Transfer (EFT) payments with addenda records. These addenda records contain invoice information for payments processed through the Maricopa County Vendor Express Payment Program. Recipients of these EFT payments must request that their financial institution provide them with this addenda information.

### **PRIVACY ACT STATEMENT**

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by Maricopa County to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Vendor Express Payment Program.

### **RETURN COMPLETED FORM TO:**

Mail to: **Maricopa County Department of Finance**  
**Account Payables**  
**301 West Jefferson, Suite 960**  
**Phoenix, AZ 85003**  
Email: [EFT@mail.maricopa.gov](mailto:EFT@mail.maricopa.gov)  
FAX: (602) 506-3439

### **PAYEE/COMPANY INFORMATION**

NAME: \_\_\_\_\_ TAXPAYER ID #: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ VENDOR #: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CONTACT PERSON NAME: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
AUTHORIZED SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX #: \_\_\_\_\_

### **FINANCIAL INSTITUTION INFORMATION**

NAME: \_\_\_\_\_ DEPOSITOR ACCOUNT #: \_\_\_\_\_  
BRANCH ADDRESS : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
NINE-DIGIT ROUTING TRANSIT #: \_\_\_\_\_  
ACH/EFT COORDINATOR NAME: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
ACCOUNT TYPE: ☐ **Checking**  
☐ **Savings**

# **Instructions for Completing EFT VENDOR EXPRESS PAYMENT ENROLLMENT FORM**

**e-GOV-555**

1. Payee/Company Information Section – Payee prints or types the name of the payee/company and address that will receive EFT vendor payments, Federal Tax ID number (SSN or EIN), and the name, telephone number, FAX number and email address of the contact person of the payee/company. The Vendor # will be entered by Maricopa County when the form is received.
2. Financial Institution Information Section – Payee or their Financial Institution prints or types the name of the payee/company's financial institution that will receive the EFT payments, the address of the branch where the payee/company conducts business, the name and telephone number of the ACH/EFT Coordinator, the nine-digit routing transit number, and the depositor (payee/company) account number. Also, check the box for type of account.
3. An Authorized Signature for the payee/company is required when this form will be returned to Maricopa County by mail or FAX.
4. When returning this form to Maricopa Count by email, include a statement authorizing Maricopa County to begin sending payments via EFT in the body of the email.

## **ADDITIONAL INFORMATION**

Allow 5 - 7 business days for Maricopa County to process your application.

**Please Note:** The transfer of funds takes a minimum of 2 business days.

The Maricopa County Vendor Express Program utilizes the Corporate Trade Exchange (CTX) ACH format to issue EFT payments for multiple invoices. The CTX format allows for multiple addenda records containing invoice information. The ACH Remittance Information Processing Rule, effective September 1998, requires that financial institutions provide addenda information to their customers upon request. Vendors are required to discuss remittance delivery capabilities with their financial institution prior to submitting the e-GOV-555 form to Maricopa County.